

MARYLAND BOARD OF EXAMINERS IN OPTOMETRY  
Active Practice Affidavit

The Code of Maryland Regulations (COMAR) 10.28.08.01, Partial Waiver of Examination defines that active practice means practices optometry for at least 500 hours within 3 consecutive years.

I attest that \_\_\_\_\_, a licensed optometrist  
in the state of \_\_\_\_\_ has engaged in active practice  
in this state from \_\_\_\_\_ to \_\_\_\_\_.  
Date Date

\_\_\_\_\_  
Signature of Authorized Official Date

\_\_\_\_\_  
Name and Title of Authorized Official (please print or type)

\_\_\_\_\_  
Company Name Telephone Number

AFFIDAVIT  
STATE OF  
COUNTY OF

Before the undersigned, a Notary Public for the County and State aforesaid,

on the \_\_\_\_\_ day of \_\_\_\_\_

personally appeared \_\_\_\_\_ who

being first duly sworn, says that he/she is the person who signed the foregoing active practice affidavit; that the facts and statements therein contained are true to the best of his/her knowledge and belief.

Notary Public

My commission expires \_\_\_\_\_

SEAL